

# **DRUGGED DRIVING VIRTUAL CONFERENCE**

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## **The Standardized 12 Steps & DRE Equipment**

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# The Standardized 12 Steps and DRE Equipment

## The Three Determinations of a DRE

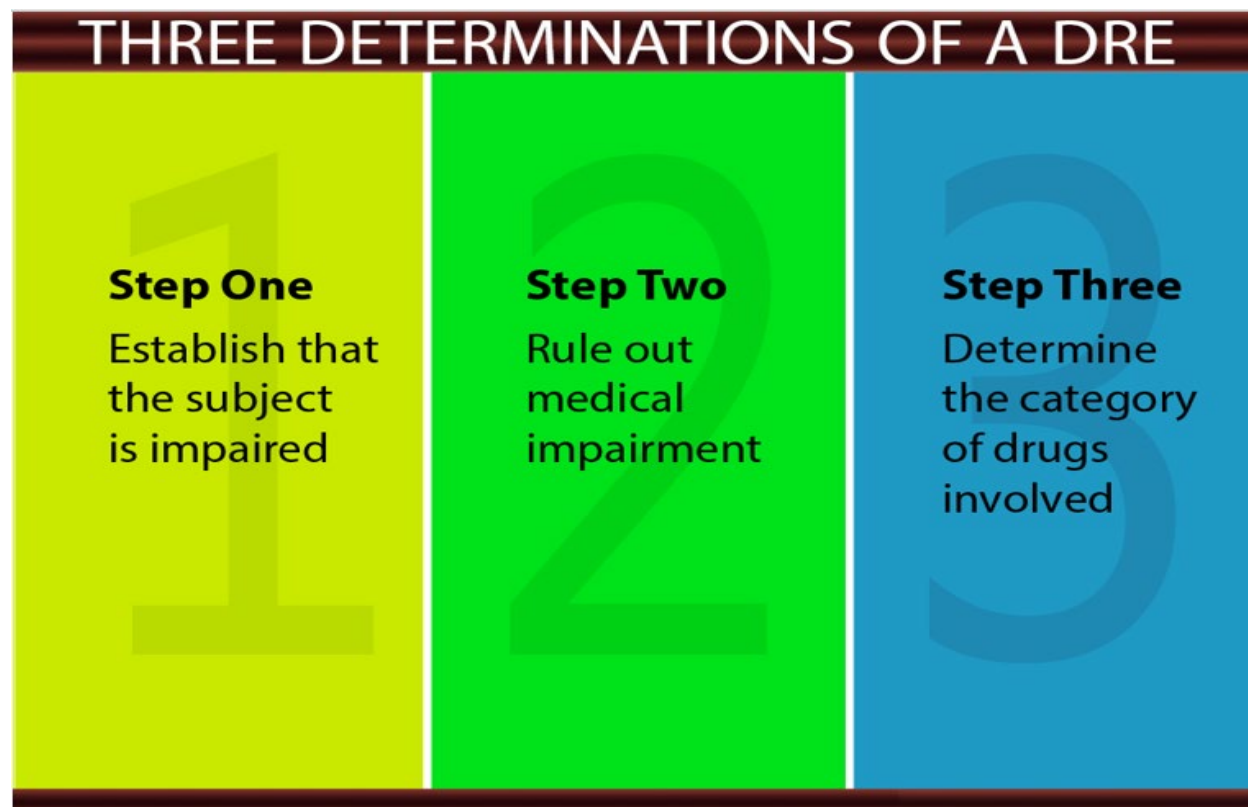
When conducting a DRE trial, it is important to remember that the DRE is not only looking for signs and symptoms of drug impairment. The DRE process is a three step process.

**Step one:** the DRE must determine whether the suspect is impaired.

**Step two:** if the DRE has established that the suspect is impaired, the DRE must determine whether the impairment is caused by drugs or by a medical or mental health issue. This is commonly referred to as the medical rule out. If needed, the DRE will get the suspect medical assistance.

**Step three:** if it is established that the impairment is caused by drugs, the DRE then determines which category or categories of drugs is causing the impairment. The DRE uses the standardized 12 step process to do this.

When prosecuting a DRE case, the prosecutor should have the DRE officer testify to this three step process, emphasizing that DRE officers do not just assume the suspect is impaired by drugs.



# The Standardized 12 Steps



## DRUG EVALUATION CLASSIFICATION PROGRAM

- \_\_\_ 1      **BREATH ALCOHOL TEST**  
*Note instrument, serial number and result.*
- \_\_\_ 2.      **INTERVIEW OF ARRESTING OFFICER**  
*Include reason for stop, driving observations, general observations, paraphernalia, drug related street terms used by the subject. (Gloves must be worn from this point.)*
- \_\_\_ 3.      **PRELIMINARY EXAMINATION (FIRST PULSE)**  
*Health questions, observe face, breath and speech.*
- \_\_\_ 4.      **EYE EXAMINATIONS**  
*HGN, VGN, LOC*
- \_\_\_ 5.      **DIVIDED ATTENTION TESTS**  
            Modified Romberg Balance  
            Walk and Turn  
            One Leg Stand  
            Finger to Nose
- \_\_\_ 6.      **VITAL SIGNS (SECOND PULSE)**
- \_\_\_ 7      **DARK ROOM EXAMINATION & SIGNS OF INGESTION**  
*After pupil measurements, check nasal & oral cavities.*
- \_\_\_ 8      **CHECK FOR MUSCLE RIGIDITY**
- \_\_\_ 9      **CHECK FOR INJECTION SITES (THIRD PULSE)**
- \_\_\_ 10.      **INTERROGATION, STATEMENTS & OTHER OBSERVATIONS**
- \_\_\_ 11.      **OPINION OF EVALUATOR**
- \_\_\_ 12.      **TOXICOLOGICAL EXAMINATION**

**This list/document can be used as a demonstrative aide during trial.**

# The DRE Face Sheet

<b>DRUG EVALUATION EVALUATION</b>										<b>Submit</b>	
<b>Evaluator</b>		<b>DUI #</b>		<b>Rolling Log #</b>		<b>Cover #</b>					
<b>Responder / Address</b>		Crash: <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property				<b>Arresting Officer (Name, IC#)</b>					
<b>Addressee's Name (Last, First, Middle)</b>		<b>Date of Birth</b>		<b>Sex</b>	<b>Race</b>	<b>Arresting Officer Agency</b>					
<b>Date Examined? Time? Location?</b>		<b>Breath Results</b>		<b>Test Refused</b> <input type="checkbox"/>		<b>Chemical Test</b>		<b>Time</b> <input type="checkbox"/> <b>Blood</b> <input type="checkbox"/> <b>Test or tests refused</b> <input type="checkbox"/>			
<b>Mileage Warning Given</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>What have you eaten today? When?</b>		<b>What have you been drinking?</b>		<b>How much?</b>		<b>Time of last drink?</b>	
<b>Time now / Actual</b>		<b>When did you last sleep? How long?</b>		<b>Are you sick or injured?</b>		<b>Are you diabetic or epileptic?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you take insulin?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you have any physical defects?</b>		<b>Are you under the care of a doctor or dentist?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you taking any medication or drugs?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>ADDITIONAL</b>		<b>Coordination</b>		<b>Poor</b>			
<b>Speech:</b>		<b>Breath Odor:</b>		<b>Facet:</b>							
Normal		Normal		Normal							
<b>Corrective Lenses</b> <input type="checkbox"/> None		<b>Eyes</b> <input type="checkbox"/> Reddened Conjunctiva		<b>Skin/Heal:</b>		<b>Tongue:</b>		<input type="checkbox"/> Equal <input type="checkbox"/> Unequal			
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts if so <input type="checkbox"/> Hard <input type="checkbox"/> Soft		<input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		<input type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Equal <input type="checkbox"/> Unequal					
<b>Pupil Size</b> <input type="checkbox"/> Equal		<b>Vocal/Nystagmus</b>		<b>Able to follow stimulus</b>		<b>Eyelids</b>		<input type="checkbox"/> Normal <input type="checkbox"/> Droopy			
<input type="checkbox"/> Unequal (explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Pulse and time</b>		<b>HGN</b>		<b>Right Eye</b>		<b>Left Eye</b>		<b>Convergence</b>		<b>Left Count</b> <b>Right Count</b> One Leg Stand	
1. ____ / ____		Lack of Smooth Pursuit									
2. ____ / ____		Maximum Deviation									
3. ____ / ____		Angle of Onset									
<b>Modified Romberg Balance</b>		<b>Walk and Turn Test</b>		<b>Cannot keep balance:</b>		<b>Starts too soon</b>		<b>Stops walking</b>		<b>L</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/>	
				<input type="checkbox"/> Starts too soon <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-toe <input type="checkbox"/> Steps off line <input type="checkbox"/> Raises arms Actual stops taken: _____		<input type="checkbox"/> Stays while balancing <input type="checkbox"/> Uses arms to balance <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down					
<b>Interval clock estimated as 30 seconds</b>		<b>Describe Turn</b>		<b>Cannot do test (explain)</b>		<b>Type of footwear:</b>					
<b>Finger to Nose (Draw lines to spots touched)</b>		<b>PUPIL SIZE</b>		<b>Room Light 2.5-5.0</b>		<b>Darkness 5.0-9.5</b>		<b>Direct 2.0-4.5</b>		<b>Natural size</b>	
		<b>Left Eye</b>								<b>Clear</b>	
		<b>Right Eye</b>								<b>Orbit only</b>	
										<b>Clear</b>	
		<b>Rebound Clonidine</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Pupillary Unsett</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Reaction to Light</b>	
										<b>Normal</b>	
		<b>RIGHT ARM</b>				<b>LEFT ARM</b>					
<b>Blood pressure</b> ____ / ____		<b>Temperature</b> ____ °									
<b>Muscle tone</b>		<input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid									
<b>Comments</b>											
<b>What drugs or medications have you been using?</b>		<b>How much?</b>		<b>Time of use?</b>		<b>Where were the drugs used? (Location)</b>					
<b>Date / Time of arrest</b>		<b>Time DUI was notified</b>		<b>Evaluation start time</b>		<b>Evaluation completion time</b>		<b>Prescription</b>			
<b>Officer's Signature</b>		<b>DUI #</b>		<b>Reviewed/approved by / date</b>							
<b>Opinion of Evaluator</b>		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Medical		<input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Depressant		<input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Hallucinogen		<input type="checkbox"/> Dissociative Anesthetic <input type="checkbox"/> Narcotic Analgesic		<input type="checkbox"/> Inhalant <input type="checkbox"/> Cannabinoids	

# The Tools of the Trade: DRE Equipment

The DRE equipment can make useful demonstrative aides during the trial. This is often a good way to break up a long trial.

The DRE uses the following equipment in conducting a drug influence evaluation:

- **Pupilometer:** a small, approximately 3 inch by 5 inch card (approximately 7 to 12 cm), that is usually plastic, that displays dark circles ranging in half-millimeter gradations from 1.0 millimeters to 9.0 millimeters.

The DRE matrix is often included on the card.

INDICATORS CONSISTANT WITH DRUG CATEGORIES							
MAJOR INDICATORS	COCAINE PRESENTS	CRACK COCAINE PRESENTS	HEROIN PRESENTS	PHENCYCLIDINE PRESENTS	BARBITURATES PRESENTS	AMPHETAMINE PRESENTS	UNKNOWN
HORIZONTAL NYSTAGMUS	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VERTICAL NYSTAGMUS	PRESENT (HIGH DOSE)*	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)*	NONE
LACK OF CONJUGATE GAZE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (S)	DILATED	DILATED	NORMAL	CONST. PUPILS	NORMAL (S)	DILATED (S)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (S)	NORMAL	UPPER OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (S)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP/DOWN (S)	UP
SKIN TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP/DOWN (S)	NORMAL

\*High dose for that particular individual

- **Sphygmomanometer:** a manual, aneroid blood pressure cuff consisting of a pumping bulb, a screw valve, an analog gauge, and a bladder.



- **Stethoscope:** a single or double diaphragm, double tubed



- **Thermometer:** oral, digital, with disposable covers



- **Penlight:** low power, medical style



**NOTE:** at times, the DRE officer will use a **UV light** instead of a penlight during the darkroom examination – especially if the suspect has very dark eyes. This is allowed by the DEC protocol.



- **Magnifying light:** generally five to ten magnification power, similar to those used by stamp collectors and model builders



- **Stimulus:** to conduct eye movement examinations



- Evidence containers: for blood or urine



- Protective gloves



In addition, DREs may utilize a camera to take photos of injection marks, nasal and oral cavities, the eyes and other evidence. DREs may also utilize various types of breath testing equipment, including preliminary breath testing instruments (PBTs).

